



Traffic Crash Report

Local Report Number *

14-272

Crash Severity

3 1 - Fatal
2 - Injury
3 - PDO

Hit/Skip

1 - Solved
2 - Unsolved

Local Information

☐ Photos Taken
☐ OH-2 ☐ OH-1P
☐ OH-3 ☐ Other☐ PDO Under State Reportable Dollar Amount☐ Private Property

Reporting Agency NCIC *

00303

Reporting Agency Name *

LEBANON P.D.

Number of Units

02

Unit in error

02 98 - Animal
99 - Unknown

County *

03

☒ City *
☐ Village *
☐ Township *

City, Village, Township *

LEBANON

Crash Date *

08252014

Time of Crash

121511

Day of Week

MON

Degrees / Minutes / Seconds

Latitude

0 ' " Longitude

Longitude

Decimal Degrees

Latitude

39.433751

Longitude

-84.215436

Roadway Division
☐ Divided
☐ Undivided

Divided Lane Direction of Travel

N - Northbound E - Eastbound
S - Southbound W - Westbound

Number of Thru Lanes

1

Road Types or Milepost 2

AL - Alley CR - Circle HE - Heights MP - Milepost PL - Place ST - Street WA - Way
AV - Avenue CT - Court HW - Highway PK - Parkway RD - Road TE - Terrace
BL - Boulevard DR - Drive LA - Lane PI - Pike SQ - Square TL - Trail

Location Route Type 1

Location Route Number

5

Loc Prefix

N, S, E, W

Location Road Name

WEST

Location Road Type 2

ST

Route Types 1

IR - Interstate Route (inc. turnpike) CR - Numbered County Route
US - US Route TR - Numbered Township Route
SR - State RouteDistance From Reference
☐ Miles
☐ Feet
☐ YardsDir From Ref
☐ N, S, E, W

Reference Route Type 1

5

Reference Route Number

1

Ref Prefix
☐ N, S, E, W

W

Reference Name (Road, Milepost, House #)

MAIN

Reference Road Type 2

ST

Reference Point Used
1 - Intersection
2 - Mile Post
3 - House Number

Crash Location

02

01 - Not an intersection

06 - Five-point, or more

11 - Railway Grade Crossing

☒ Intersection Related

Location of First Harmful Event

1 - On Roadway 5 - On Gore
2 - On Shoulder 6 - Outside Trafficway
3 - In Median 9 - Unknown
4 - On Roadside

Road Contour

2 1 - Straight Level 4 - Curve Grade
2 - Straight Grade 9 - Unknown
3 - Curve Level

Road Conditions

Primary 01

Secondary

01 - Dry
02 - Wet
03 - Snow
04 - Ice05 - Sand, Mud, Dirt, Oil, Gravel
06 - Water (Standing, Moving)
07 - Slush
08 - Debris*09 - Rut, Holes, Bumps, Uneven Pavement*
10 - Other
99 - Unknown

* Secondary Condition Only

Manner of Crash Collision/Impact

2 1 - Not Collision Between Two Motor Vehicles In Transport
2 - Rear-End
3 - Head-On
4 - Rear-to-Rear
5 - Backing
6 - Angle
7 - Sideswipe, Same Direction
8 - Sideswipe, Opposite Direction
9 - Unknown

Weather

1 1 - Clear 4 - Rain 7 - Severe Crosswinds
2 - Cloudy 5 - Sleet, Hail 8 - Blowing Sand, Soil, Dirt, Snow
3 - Fog, Smog, Smoke 6 - Snow 9 - Other/Unknown

Road Surface

2 1 - Concrete 4 - Slag, Gravel, Stone
2 - Blacktop, Bituminous, Asphalt
3 - Brick/Block 5 - Dirt
6 - Other

Light Conditions

Primary 4

Secondary

1 - Daylight
2 - Dawn
3 - Dusk
4 - Dark - Lighted Roadway
5 - Dark - Roadway Not Lighted
6 - Dark - Unknown Roadway Lighting
7 - Glare*
8 - Other

* Secondary Condition Only

☐ School Zone Related

School Bus Related

☐ Yes, School Bus Directly Involved
☐ Yes, School Bus Indirectly Involved☐ Work Zone Related☐ Workers Present☐ Law Enforcement Present (Officer/Vehicle)
☐ Law Enforcement Present (Vehicle Only)

Type of Work Zone

1 - Lane Closure
2 - Lane Shift/Crossover
3 - Work on Shoulder or Median
4 - Intermittent or Moving Work
5 - Other

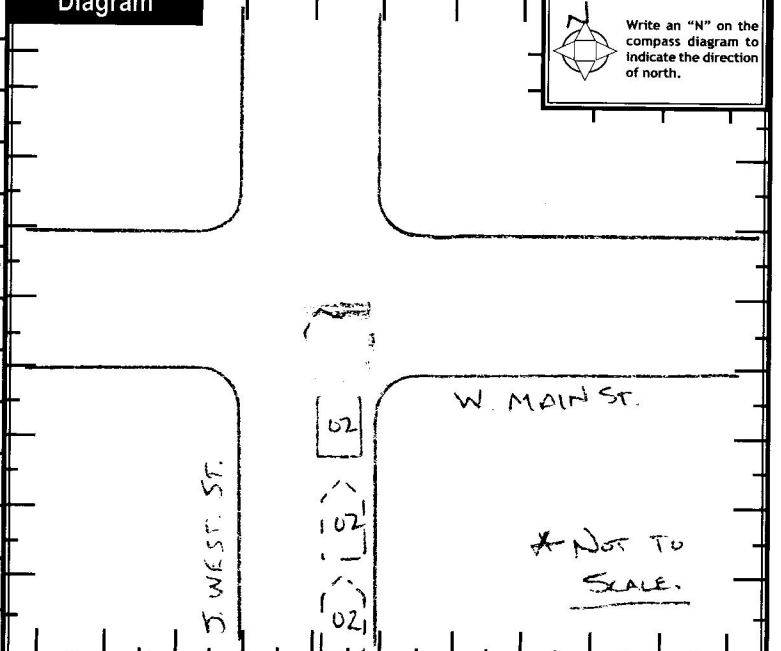
Location of Crash in Work Zone

1 - Before the First Work Zone Warning Sign
2 - Advance Warning Area
3 - Transition Area
4 - Activity Area
5 - Termination Area

Narrative

UNIT 01 WAS STOPPED AT A RED LIGHT AT MAIN ST. ON WEST. FACING NORTH. THE SIGNAL CYCLED GREEN AND UNIT 01 STARTED INTO THE INTERSECTION. UNIT 01 BEGAN TURNING LEFT AND WAS STRUCK IN THE REAR BY UNIT 02 WHICH WAS TRAVELING NORTHBOUND ON WEST ST. UNIT 02 FAILED TO MAINTAIN ASSURED CLEAR DISTANCE AHEAD.

Diagram



Report Taken By

☒ Police Agency☐ Motorist☐ Supplement (Correction or Addition to an Existing Report Sent to ODPS)

Date Crash Reported

08252014

Time Crash Reported

121511

Dispatch Time

121502

Arrival Time

121514

Time Cleared

123301

Other Investigation Time

1130

Total Minutes

1137

Officer's Name *

PT. S. COVEY

Officer's Badge Number

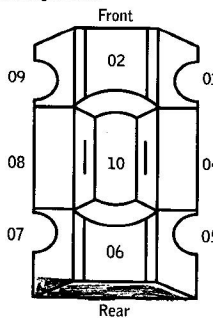
117

Checked By

PCW 131

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Unit Number 101		Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver)		Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver)		Damage Scale 2		Damaged Area	
Owner Address: City, State, Zip (<input checked="" type="checkbox"/> Same As Driver)									
LP State OH		License Plate Number GEC2158		Vehicle Identification Number 13XWIRM711K918M068120A		# Occupants 101			
Vehicle Year 2010		Vehicle Make VOLK		Vehicle Model 4H		Vehicle Color SILVER			
Proof of Insurance Shown <input checked="" type="checkbox"/>		Insurance Company PROGRESSIVE		Policy Number 903116634		Towed By			
Carrier Name, Address, City, State, Zip								Carrier Phone- include area code	
US DOT		Vehicle Weight GVWR/GCWR 1 1 - Less Than or Equal to 10k Lbs. 2 - 10,001 to 26,000 Lbs. 3 - More Than 26,000 Lbs.		Cargo Body Type 01 01 - No Cargo Body Type/Not Applicable 02 - Bus/Van (9-15 Seats, Inc Driver) 03 - Bus (16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel		Towed By		Trafficway Description 1 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Painted or Grass >4 Ft.) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway	
HM Placard ID No.		<input type="checkbox"/> Hazardous Material Released		HM Class Number		<input type="checkbox"/> Hit / Skip Unit			
Non-Motorist Location Prior to Impact 01 01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 06 - Bicycle Lane 07 - Shoulder/Roadside 08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail 12 - Non-Trafficway Area 99 - Other/Unknown		Type of Use 1 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response		Unit Type 03 99 - Unknown or Hit / Skip		Passenger Vehicles (less than 9 passengers) 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sport Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle		Med/Heavy Trucks or Combo Units > 10k lbs 13 - Single Unit Truck or Van 2axle, 6 tires 14 - Single Unit Truck; 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Bobtail) 17 - Tractor/Semi-Trailer 18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle	
Special Function 01 01 - None 02 - Taxi 03 - Rental Truck (Over 10k Lbs) 04 - Bus - School (Public or Private) 05 - Bus - Transit 06 - Bus - Charter 07 - Bus - Shuttle 08 - Bus - Other		09 - Ambulance 10 - Fire 11 - Highway/Maintenance 12 - Military 13 - Police 14 - Public Utility 15 - Other Government 16 - Construction Equip.		17 - Farm Vehicle 18 - Farm Equipment 19 - Motorhome 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative)		Most Damaged Area 06 01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear		Action 4 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown	
Pre-Crash Actions 06 99 - Unknown		Motorist 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn		07 - Making U-Turn 08 - Entering Traffic Lane 09 - Leaving Traffic Lane 10 - Parked 11 - Slowing or Stopped in Traffic 12 - Driverless		Non-Motorist 13 - Negotiating a Curve 14 - Other Motorist Action		15 - Entering or Crossing Specified Location 16 - Walking, Running, Jogging, Playing, Cycling 17 - Working 18 - Pushing Vehicle 19 - Approaching or Leaving Vehicle 20 - Standing	
Contributing Circumstances Primary 01 Secondary 01 99 - Unknown		Motorist 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change /Passing/Off Road		11 - Improper Backing 12 - Improper Start From Parked Position 13 - Stopped or Parked Illegally 14 - Operating Vehicle in Negligent Manner 15 - Swerving to Avoid (Due to External Conditions) 16 - Wrong Side/Wrong Way 17 - Failure to Control 18 - Vision Obstruction 19 - Operating Defective Equipment 20 - Load Shifting/Falling/Spilling 21 - Other Improper Action		Non-Motorist 22 - None 23 - Improper Crossing 24 - Darting 25 - Lying and/or Illegally in Roadway 26 - Failure to Yield Right of Way 27 - Not Visible (Dark Clothing) 28 - Inattentive 29 - Failure to Obey Traffic Signs /Signals/Officer 30 - Wrong Side of the Road 31 - Other Non-Motorist Action		Vehicle Defects 01 01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Slick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects	
Sequence of Events 1 20 2 01 3 01 4 01 5 01 6 01 First Harmful Event 1 Most Harmful Event 1 99 - Unknown		Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift		06 - Equipment Failure (Blown Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left		10 - Cross Median 11 - Cross Center Line Opposite Direction of Travel 12 - Downhill Runaway 13 - Other Non-Collision			
Collision With Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - Pedalcycle 16 - Railway Vehicle (Train, Engine) 17 - Animal - Farm 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle in Transport		21 - Parked Motor Vehicle 22 - Work Zone Maintenance Equipment 23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle 24 - Other Movable Object		25 - Impact Attenuator/Crash Cushion 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Parapet 29 - Bridge Rail 30 - Guardrail Face 31 - Guardrail End 32 - Portable Barrier		33 - Median Cable Barrier 34 - Median Guardrail Barrier 35 - Median Concrete Barrier 36 - Median Other Barrier 37 - Traffic Sign Post 38 - Overhead Sign Post 39 - Light/Luminaries Support 40 - Utility Pole		41 - Other Post, Pole or Support 42 - Culvert 43 - Curb 44 - Ditch 45 - Embankment 46 - Fence 47 - Mailbox	
Unit Speed 01 <input type="checkbox"/> Stated <input type="checkbox"/> Estimated		Posted Speed 01		Traffic Control 04 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone 07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings		13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported		Unit Direction From 2 To 4 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown	

114-2772

Unit Number 1012		Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver)		Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver)		Damage Scale 4		Damaged Area 	
Owner Address: City, State, Zip (<input checked="" type="checkbox"/> Same As Driver)									
LP State OH	License Plate Number GDR 7238		Vehicle Identification Number 1HGLHAIB5F54A711105103			# Occupants 10			
Vehicle Year 2010	Vehicle Make CHEV		Vehicle Model 45		Vehicle Color RED				
Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company FIRST ACCEPTANCE		Policy Number CSOH 000108548		Towed By JALUBS TUNING				
Carrier Name, Address, City, State, Zip								Carrier Phone- include area code	
US DOT		Vehicle Weight GVWR/GCWR 1 1 - Less Than or Equal to 10k Lbs. 2 - 10,001 to 26,000 Lbs. 3 - More Than 26,000 Lbs.		Cargo Body Type 01 01 - No Cargo Body Type/Not Applicable 02 - Bus/Van (9-15 Seats, Inc Driver) 03 - Bus (16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel		Trafficway Description 1 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Painted or Grass > 4 FL) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway			
HM Placard ID No. 1		<input type="checkbox"/> Hazardous Material Released		09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown		<input type="checkbox"/> Hit / Skip Unit			
HM Class Number 1									
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Unit Speed 20 <input type="checkbox"/> Stated <input type="checkbox"/> Estimated		Posted Speed 20		Traffic Control 12 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone 07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings 13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported		Unit Direction From 2 To 1 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown		Page 1 of 1	



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

14-272

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE MCGAHEE, SARAH, N.	DATE OF BIRTH 04/14/1993	AGE 21	GENDER F - FEMALE M - MALE						
ADDRESS, CITY, STATE, ZIP 1366 CARRIGE HILL LN. APT. 31 HAMILTON, OHIO 45013		CONTACT PHONE- INCLUDE AREA CODE 937-626-9994								
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 64	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE OH	OPERATOR LICENSE NUMBER TP135188	OL CLASS 4	No VALID OL M/C END.	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE .	DRUG TEST STATUS 1	DRUG TEST TYPE 1
OFFENSE CHARGED (LOCAL CODE)		OFFENSE DESCRIPTION		CITATION NUMBER		HANDS-FREE DEVICE USED		DRIVER DISTRACTED BY		

UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE ROYSE, JAMES, LEE	DATE OF BIRTH 01/06/1981	AGE 33	GENDER M - MALE F - FEMALE						
ADDRESS, CITY, STATE, ZIP 5578 MAPLE ST. KINGS MILLS, OHIO 45034		CONTACT PHONE- INCLUDE AREA CODE 513-833-0622								
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 2	EJECTION 1	TRAPPED 1	
OL STATE OH	OPERATOR LICENSE NUMBER RR477796	OL CLASS 4	No VALID OL M/C END.	CONDITION 6	ALCOHOL/DRUG SUSPECTED 5	ALCOHOL TEST STATUS 3	ALCOHOL TEST TYPE 4	ALCOHOL TEST VALUE .089	DRUG TEST STATUS 5	DRUG TEST TYPE 3
OFFENSE CHARGED (LOCAL CODE) 333.03		OFFENSE DESCRIPTION ACDA		CITATION NUMBER 66760		HANDS-FREE DEVICE USED		DRIVER DISTRACTED BY		

INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED 99 - UNKNOWN SAFETY EQUIPMENT NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
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SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN			
EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS "D") 5 - MC/MOPED ONLY	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER	ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED

ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER []	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE					
ADDRESS, CITY, STATE, ZIP		CONTACT PHONE- INCLUDE AREA CODE							
INJURIES []	INJURED TAKEN BY []	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED []	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION []	AIR BAG USAGE []	EJECTION []	TRAPPED []
UNIT NUMBER []	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE					
ADDRESS, CITY, STATE, ZIP		CONTACT PHONE- INCLUDE AREA CODE							
INJURIES []	INJURED TAKEN BY []	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED []	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION []	AIR BAG USAGE []	EJECTION []	TRAPPED []